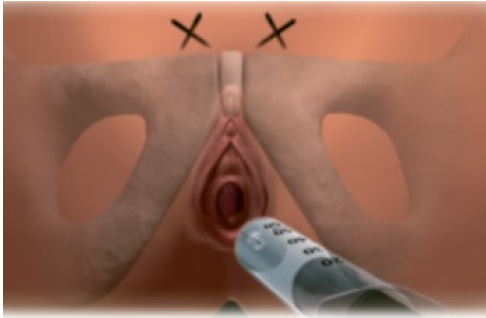


KIM[®] System

SURGICAL GUIDE

TVT Retropubic Technique



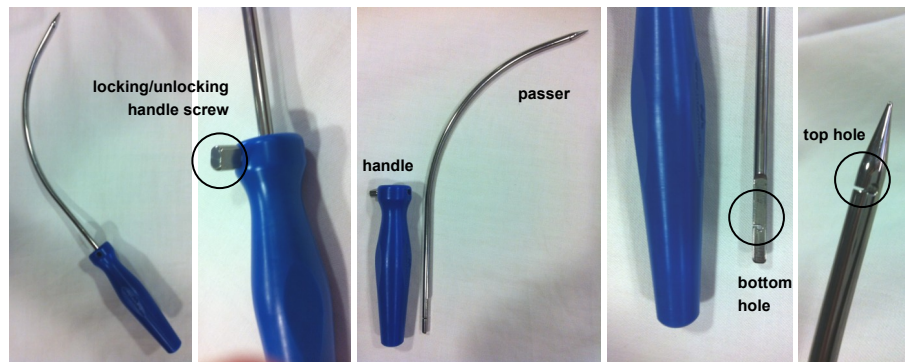
1. Needle exit points and vaginal incision

Mark the needle exit points at the abdominal level. 2 cm laterally to the midline, 1 cm above the symphysis. Make a 2cm midline anterior wall vaginal incision, starting 1cm caudal to the urethral meatus.

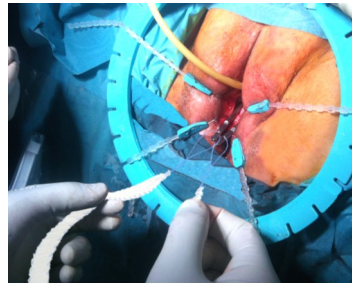
Required elements:

KIM Mesh + 2 retro pubic needles with removable handle

The needles have two holds at the proximal and distal ends allowing down up and up down approaches.



2. Dissect the para urethral space and insert the needles through the Retzius space from the vagina to the corresponding abdominal exit points.



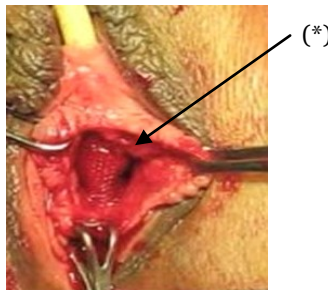
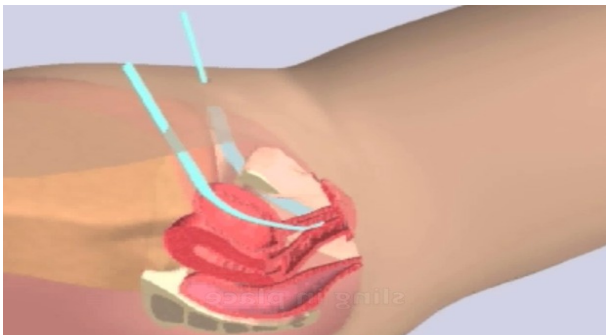
3. Remove the handle from the needle, and insert the traction threads of the sling through the corresponding hole of each needle.



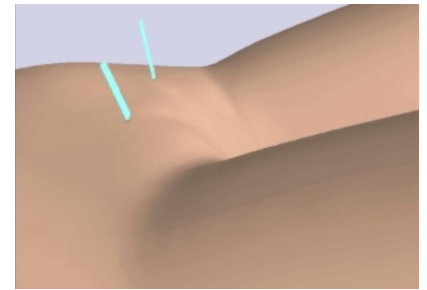
4. Pull the tip of the needle from the abdominal side to bring the sling up from the vagina to the abdominal exit points.



5. Perform cystoscopy to check bladder integrity.



6. (*) Confirm that the sling lies fully flat and always in full contact under the urethra. Knotless mesh has less shrinkage than standard meshes.



7. As the final step, cut the excess of mesh at the skin level and close the abdominal incisions.