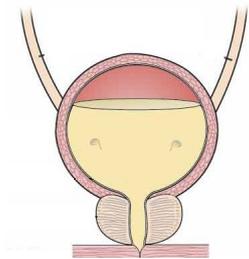# MRS II® Male System

ADJUSTMENT GUIDE

24-48 hours post-surgery

24-48 hour after the surgery, (depending on patient's surgical recovery status) the sling level will be adjusted up to the minimum urethral support level to reach continence and avoid retention.

1- Explain the patient the procedure we will follow to reach continence.

2- Remove the gauzes that were placed over the manipulator.
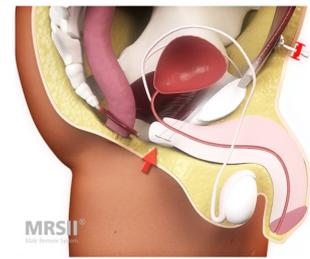

3- Inject 250-300 cc of saline into the bladder (just up to the patient's first voiding sensation).

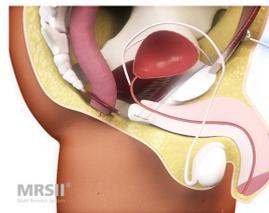**4-** Withdraw the urethral cathether and ask the patient to stand up over a floor pad.

5- Ask the patient to perform Valsalva maneuvers. If leaking, turn the manipulator four complete clockwise turns and ask the patient to perform Valsalva maneuvers again.
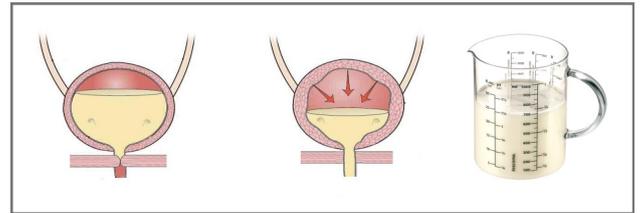
6- If still leaking apply four clockwise complete turns to the manipulator and ask the patient to perform Valsalva maneuvers again.

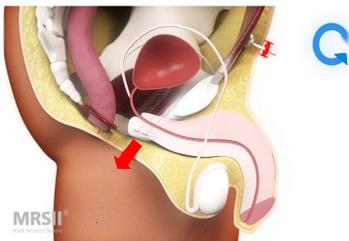**7-** Repeat the step 6 until the patient is continent.

8– When the patient is continent, we know that four complete turns before he was incontinent (so the sling is at the minimum urethral support level for continence, and no more).

9– Ask the patient to go to the toilet for voiding, and measure the residual.

10– If residual is less than 150cc., disconnect the manipulator and discharge the patient (go to point 13).
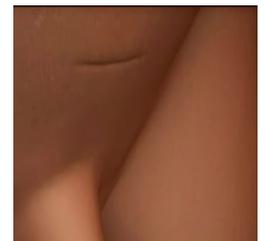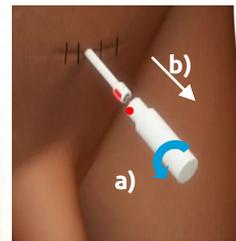

11– If residual is more than 150cc., decrease the sling Support level by minimum 10 counterclock-wise manipulator complete turns, while helping the urethral descend by a rigid urethral cathether.

12– Restart the protocol from point 3

13– To disconnect the manipulator, insert the disconnector into the manipulator (the two dot marks will be aligned). Turn the disconnector 1/4 vs. the manipulator to align the disconnector dot mark with the manipulator line mark **(a)**, and pull the manipulator out of the skin incision **(b)**.

14– Close the minimal abdominal incision by steristrips or stitches.

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