

Tricks and tips for NEEDLELESS System

PRE SURGERY

Indication: NL is a tension free sling indicated as a surgical treatment for female stress urinary incontinence.

More than 25.000 cases successfully performed around the world.

SURGERY

Antibiotic protocol

Use the hospital implant antibiotic protocol.

As a recommendation, here included the protocol followed by many institutions with long experience implanting Needleless System:

2 gr of cefazoline at the time of surgery.

500 mg of amoxiciline for 5 days after surgery (optional)

Patient preparation

In stirrups with the bottom advanced protruding out of the table.

Surgical Steps:

Do not wet the mesh.

1.- Vaginal incision: **(The NL Mesh is 1.2cm wide, may be 20% wider if their current mesh is 1cm wide)**

2 cm longitudinal incision at the anterior vaginal wall at the level of middle urethra.

3.- **Wide peri-urethral scissor dissection** at 2 and 10 o'clock to easily accept the Mesh fully extended. (mesh is 1.2 cm wide), **only up to the isquiopubic ramus.**



Alternatively some surgeons perform a minimal incision of the endopelvic fascia with the tip of the scissors totally closed.

4.- Insert the tip of the forceps inside the NL pocket. Hyperextend the forceps jaws and close it, creating an arrow with the mesh.

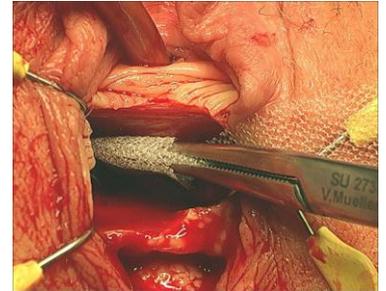


5.- Forceps with mesh must be **palm supported** with the finger behind the sling holding the mesh extended, very important to avoid mesh twisting. The blue suture marks the midline.

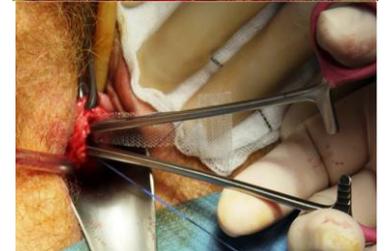


7.- Mesh insertion:

At 10 o'clock. Push the mesh with forceps **PALM SUPPORTED**, until the blue suture is 1cm deeper in reference to the urethra and extend (opening the forceps widely) the pocket inside the muscle.



Surgeons can use curved or straight forceps. **If they are using a curved one, the insertion must be performed with tip facing the surgeon.**



8.- **Withdraw the forceps semi-closing it. (Not completely open, not completely closed)**

9.- Use the left hand to introduce the sling with the forceps at 2 o'clock and push it until the blue suture is in the midline. **Leave the mesh fully extended and in full contact under the urethra.**



10.- Cystoscopy (recommended, according to surgeon's protocol)
Perform a cystoscopy to check the bladder integrity.

If an intra-operative adjustment is needed; turn upside-down the forceps (with the tip facing the patient) and follow the mesh until the tip of the forceps enters into the pocket and push up to increase the sling tension.



11.- Cut the blue suture and close vaginal incision. Withdraw the catheter.

IF INSERTION TIP USED:

- Leave the traction thread of the insertion tip freely. Do not trap it during insertion.
- Do not open the forceps jaws while introducing the sling to avoid losing the insertion tip
- Remove the insertion tip always before removing the forceps